LODGING RESERVATION FORM

MISSOURI TECHNOLOGY STUDENT ASSOCIATION

April 3-5, 2008 Warrensburg, Missouri

Mail to the lodging facility of your choice by the cutoff date specified for each facility listed in the Registration Booklet. Please submit your room request on this form. You may fax your reservation, if you so choose. To make changes, cancellations, or ask a question about your room reservations, please contact your lodge of choice directly. *Please type or print clearly*.

Name:								
Street address / P.O.:								
City:	State:Zip:							
Telephone: (H)	(W)	1	Fax:					
Special Needs Smoking	Nonsmoking	Other (please	e specify)					
Dates Arrival Date/Time: _		Departure Date/	Гіте:					
Special Requests:								
Credit Card Guarantee								
Rooms are not held after 4 p.m. on day of arrival without a credit card guarantee or by sending a one								
night deposit directly to the hotel a								
American Express								
Credit Card Number		Expiration Date						
Signature								
The hotel will inform you by fax a	•	•		. •				
be notified by mail. A confirmation	_			•				
advance deposit at the time of con		_						
Your express wished will be honor	red, if possible. Other	rwise placement is	based upon r	oom availability.				

Page ____ of ____

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MISSOURI TSA DISTINCTIONS CONFERENCE

Advisors Name				Phone _			
School Name							
School Address				Arrival [Arrival Date and Time		
City		State	_ ZIP	Departu	ıre Date		
		Room R	ates Checl	k The Attach	ed Hotel List		
			Roo	oming List			
Room		Room			Room		
Name ————————————————————————————————————	M/F -	Name ———		M/F 	Name ————	M/F 	
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Name 	M/F	Name ———		M/F 	Name 	M/F 	
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